

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>De La</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>112</u>	
City of _____		County Registrar No. <u>631</u>	
No. <u>Adonis Ave.</u>		Local Registrar No. _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____	
2. Full name of child <u>Rosalja Lucich</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>Female</u>		<u>3</u>	<u>yes</u>
6. Date of birth <u>Sept. 6-1923</u>		Month <u>Sept.</u> day <u>6</u> year <u>1923</u>	
7. Full name of FATHER		14. Full maiden name of MOTHER	
<u>Matt Lucich</u>		<u>Matija Kosovich</u>	
8. Residence (Usual place of abode) <u>Miami, Arizona</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
9. Color or race <u>white</u>	10. Age at last birthday <u>39</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>38</u> (Years)
12. Birthplace (city or place) <u>Walmatia Zvostrag</u>		18. Birthplace (city or place) <u>Walmatia Zvostrag</u>	
(State or country)		(State or country)	
13. Occupation Nature of industry <u>miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>3</u>		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>4:30</u> A.M. on the date above stated.			
(Born alive or stillborn.)			
Signature <u>C. M. Crow M.D.</u>		(Physician or midwife)	
Address <u>Miami, Ariz.</u>			
Filed <u>Oct 31</u> 19 <u>23</u>		Local Registrar.	
Month, day, year.		County Registrar.	
Registrar.			

928-906-428